Best Available Copy

PATENT APPLICATION FEE DETERMINATION RECO								Application or Docket Number					
		CLAIMS AS	S FILED - (Column		(Colu	(Column 2)		SMALL ENTITY TYPE		OR	OTHER THAN SMALL ENTITY		
TOTAL CLAIMS			US		\$ 40 mg			RATE FEE		FEE		RATE	FEE
FOR			NUMBER FILED		NUMBER EXTRA			BASIC FEE 355.00		355.00	OR	BASIC FEE	710.00
TOTAL CHARGEABLE CLAIMS			//S minus 20=		- 25		ŀ	X\$ 9=			OR	X\$18=	450
INDEPENDENT CLAIMS			minus 3 =		· D			X40=			OR	X80=	
MU	ILTIPLE DEPEN	IDENT CLAIM P	RESENT					+135=			OR	+270=	
* If	the difference	in column 1 is	less than ze	ess than zero, enter "0" in column 2				TOTAL		OR	TOTAL	1169	
CLAIMS AS AMENDED - PART II												OTHER	
		(Column 1)	(Colui			(Column 3)	_	SMALL			OR	SMALL	
AMENDMENT A	¥. 4.	REMAINING AFTER AMENDMENT		NUM PREVIO PAID	BER OUSLY	PRESENT EXTRA		RATE	Ξ	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
	Total	* .	Minus	**		=		X\$ 9=	=		OR	X\$18=	
	Independent	*	Minus	***	F.O. A.154	=		X40=	:		OR	X80=	
<u></u>	FIRST PRESE	NTATION OF MI	JLIPLE DEF	PENDEN	CLAIM		Ī	+135=	=		OR	+270=	
									AL EE		OR	TOTAL ADDIT. FEE	
	(Column 1) (Column 2) (Column 3)										- • •		
AMENDMENT B	* *	CLAIMS REMAINING AFTER AMENDMENT	4	HIGH NUM PREVIO PAID	BER OUSLY	PRESENT EXTRA		RATE		ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
	Total	*	Minus	**		=		X\$ 9=	-		OR	X\$18=	
	Independent	*	Minus /	***	F OL AINA	-		X40=			OR	X80=	
<u> </u>	FIRST PRESE	NTATION OF MU	JLTIPLE DEF	ENDENI	CLAIM			+135=			OR	+270=	
(Column 1) (Column 2) (Column 3)									AL		OR	TOTAL ADDIT. FEE	
									EE l			ADDII. FEE	
AMENDMENT C		CLAIMS REMAINING AFTER AMENDMENT		HIGH NUM PREVIO PAID	IEST BER DUSLY	PRESENT EXTRA	Γ	RATE		ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
	Total	*	Minus	**		=	f	X\$ 9=	_	LCC	OR	X\$18=	FEE
	Independent	*	Minus	***		=	ŀ	X40=				X80=	
	FIRST PRESENTATION OF MU		JLTIPLE DEPENDENT		CLAIM		-		-		OR	700-	
* If the entry in column 1 is less than the entry in column 2 write "0" in column 2											OR	+270=	
 If the entry in column 1 is less than the entry in column 2, write "0" in column 3. If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20." If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3." 								TOTA DDIT. FE			OR	TOTAL ADDIT. FEE	
		mber Previously Pai nber Previously Pai					four	nd in the	арр	ropriate box	c in col	umn 1.	